



TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number		
	Filing Date		
	First Named Inventor	Adolph Mondry	
	Art Unit		
	Examiner Name		
Total Number of Pages in This Submission	19	Attorney Docket Number	

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Group
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<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
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<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
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<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks Replacement claims and abstract are placed on a separate sheet of the Voltage Dosimeter as in previous correspondence. Now the previous sheet to the claims is included, and all notation indicating new claims is excluded.	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Adolph Mondry	
Signature	<i>Adolph Mondry</i>	
Date	4-9-04	

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Typed or printed name	Adolph Mondry	
Signature	<i>Adolph Mondry</i>	Date 4-9-04

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